



DEPARTMENT OF DEFENSE



Defense Civilian Personnel Advisory Service

Federal Employees Health Benefits Qualifying Life Events and Reconsiderations

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Agenda



History



Qualifying Life Events



Non Pay Status



Military Service



Reconsideration

FEHB History

- Public Law (P.L.) 86-382
- Enacted September 28, 1959

Public Law 86-382

AN ACT

To provide a health benefits program for Government employees.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That this Act may be cited as the "Federal Employees Health Benefits Act of 1959".

Types of Enrollments



- **Self Only** covers employee only
- **Self Plus One**
- **Self and Family** covers all eligible family members

Opportunities to Enroll or Change Enrollment

- Qualifying Life Event (QL)
- Newly Eligible Employee
- Open Season

*** Must have a QLE to change outside of Open Season if under PC**

QLE

- QLEs allow employees to elect, change, or cancel FEHB enrollment outside of Open Season if under Premium Conversion (for example):
 - Marriage
 - Divorce
 - Death of a spouse or dependent

Qualified Life Event (QLE)

1. Due to addition or birth of child, child is immediately covered at birth. Enrollment effective date is the first day of the pay period in which the child becomes an eligible family member
2. Prior to marriage, if election received, effective date is the actual date of marriage
3. After marriage, election received within 60 days becomes effective the first day of the pay period after receipt of SF 2809

New Enrollment Effective Date

- New Eligible Employees
 - First day of the first pay period after agency receives enrollment request or form is completed.

Newly Eligible Employees

- Complete SF 2809 or use appropriate online system within 60 days of eligibility
- Automatic enrollment in PC
- Waive participation in PC within 60 days of appointment

Non-Pay/Insufficient Pay Status

- **When employee enters non-pay status**
 - Terminate enrollment
 - Continue enrollment
- **Agency notification to employee**
 - Request decision to continue or terminate FEHB coverage
 - Inform employee to submit notification letter within 31 days if stateside and 45 days if overseas
 - Electronic mail cannot be used to notify employees



Non-Pay/Insufficient Pay Status

- **Election to continue coverage under the Family Medical Leave Act (FMLA)**
 - Non-pay status of more than 365 days
 - Make payments as directed by HRO
- **Non-Pay status more than 365 days may convert to Temporary Continuation of Coverage (TCC)**

Non-Pay/Insufficient Pay Status

- If the person is **retired**, and their annuity is not enough to cover the FEHB premiums, the enrollee can either select a cheaper FEHB plan or elect to keep their current plan
- If they decline to change plans OPM will terminate the enrollment and transfer it to the National Finance Center (NFC)
- OPM will pay the annuitant their full annuity, and the annuitant will have to remit monthly payments to the NFC directly.

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Termination During LWOP

If the enrollment is terminated either after you had been in leave without pay status for 365 days; or when you entered leave without pay status; or at any time during the first 365 days in leave without pay status:

- you may enroll for Self Only, Self Plus One or Self and Family in any available plan or option when you return to pay status.
- If not enrolled at the time leave without pay status began, you may enroll upon return to pay status only if a QLE occurred while you were on leave without pay.

Entry into Active Duty Military Service

Public Law 108-375 amended FEHB law to provide up to 24 months of FEHB coverage to federal employees called to active duty in support of a contingency operation

***If the employee is called up in support of a NON-contingency operation, the employee must pay both the employee and Government shares, plus an additional 2 percent after the first 12 months. (5 CFR 890.502(f)(2))**

Entry Into Active Duty Military Service

Agencies are authorized to pay the employee's share and the Government's share of premiums for up to 24 months of Federal employees who are called to active duty **in support of a contingency operation**.

An employee **not** called **in support of a contingency operation** must pay the employee's share and the government's share plus a 2% administrative fee after the first 12 months of active duty.

Entry Into Active Duty Military Service

If a Federal employee is called to active duty for more than 30 days, the agency and the employee must make a decision:

- Continue Coverage
 - FEHB enrollment continues for up to 24 month
- Terminate Coverage
 - Effective the day before entering active duty
 - Employee must provide a written notice
 - Agency must promptly process a SF 2810

Return from Active Duty Military Service

If a Federal employee is restored to a civilian position:

- Enroll in any option of any available plan
- Terminated Coverage
 - have the same enrollment reinstated effective on the day of restoration to duty in a civilian position

Change To/From Part-Time

When you change to part-time to full-time or vice versa with a break in service of 3 days or less, you may enroll or change your enrollment within 60 days from the change in your employment status.

This does not apply to part-time appointments of other than 16 to 32 hours per week nor to any non-career appointment.

Reconsideration Request

The reconsideration is the employee's right to ask the DoD Insurance Officer to review the initial decision made by the employee's employing agency on his/her FEHB request.

Top 3 Reasons for Reconsiderations



Reconsiderations: DCPAS

- Reconsiderations focus solely on the Agency initial decision regarding an employee's benefits request
- The reconsideration determines whether the agency properly applied law and regulations in making its initial decision
- The Initial Agency decision commonly involves issues of enrollment, cancellation and changes to FEHB or FEGLI coverage
- If the employee's agency denies the employee's request, the agency must inform the employee how to appeal to DCPAS for a reconsideration of their situation

Reconsiderations: DCPAS

- Benefits, WAGE & NAF Policy Line of Business (LoB), DCPAS, will only accept reconsiderations that include the following items:
 - The Employee's Reconsideration request to DCPAS
 - The Agency Initial Decision Letter
 - The Employee's Initial Statement to the Agency seeking consideration.

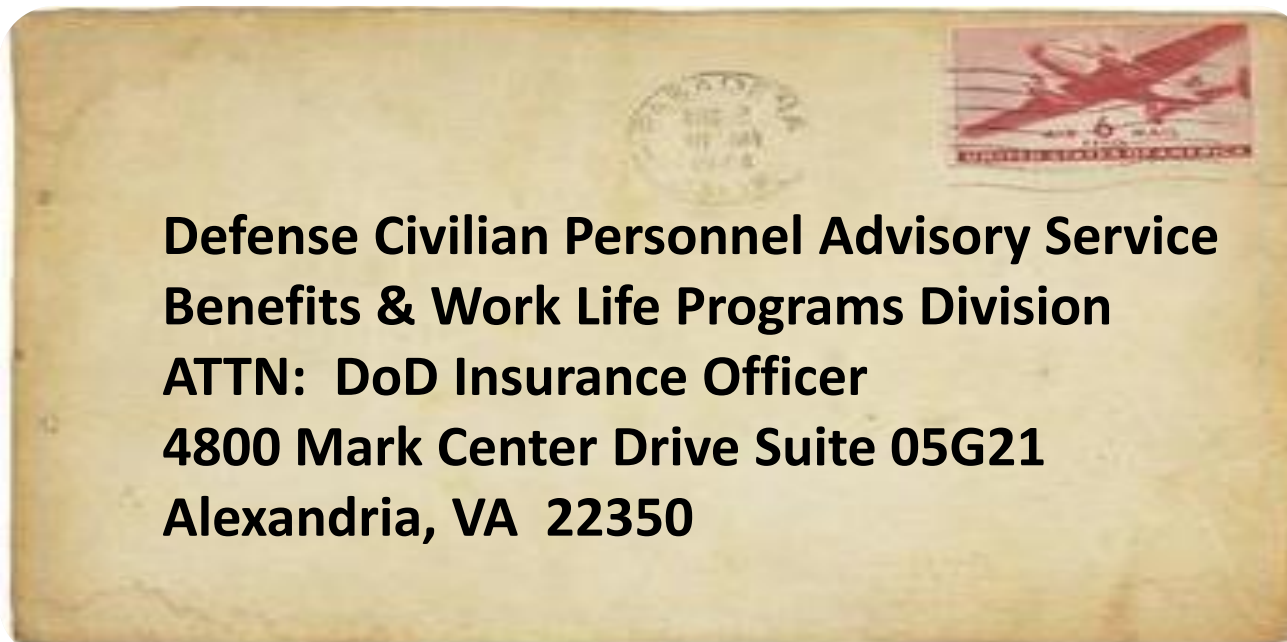
Reconsideration Process

The request for reconsideration must be filed within 30 calendar days from the date of initial decision and must:

- Be made in writing by the employee
- Include the employee's name, address, DOB, social security number (SSN), name of the carrier, and reason for the request
- Include a copy of the initial decision
- Benefits & Entitlements Branch will provide a final response to employees within 2 weeks or as soon as possible

Reconsideration Request

Must Be Forwarded To:



**Defense Civilian Personnel Advisory Service
Benefits & Work Life Programs Division
ATTN: DoD Insurance Officer
4800 Mark Center Drive Suite 05G21
Alexandria, VA 22350**

**Or Fax to: DSN 372-1661
Commercial (571) 372-1661**

Fax accepted to meet the filing deadline, but originals must be provided.

References

Chapter 89 of Title 5 U.S.C.

Part 890 of Title 5 C.F.R.

Part 892 of Title 5 C.F.R.

Federal Employees Health Benefits Handbook

CSRS/FERS Handbook



Questions?